

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/594,911</b>	FILING DATE <b>9-29-06</b>
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1		1			52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
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17							67	
18							68	
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34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.	↓
TOTAL DEP.	1	←	1	←		←	TOTAL DEP.	←
TOTAL CLAIMS	2		2				TOTAL CLAIMS	

PTO - 1360 (REV. 11/04)

Barbara Campbell, PCT National Stage

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